

INSTRUCTIONS FOR COMPLETING APPLICATION FOR PARTICIPATION IN THE CHILD AND ADULT CARE FOOD PROGRAM BY EMERGENCY SHELTER

Completion of HS-1971 Application Form

Please follow the instructions below to properly complete this form and include it with your application package:

1. Sections 1 through 5 are self-explanatory.
2. Identify in Section 6 the shelter's type of eligibility to participate in the CACFP. The shelter may participate as a private non-profit shelter, a public shelter which is legally affiliated with a unit of local, state or federal government, or a church sponsored shelter. Please attach a copy of letter from the Internal Revenue Service which identifies the shelter's federal income tax exemption, if shelter is to participate in the CACFP as a private non-profit entity.
3. To complete Section 7, please attach a letter from the Chairman of the Governing Board or Pastor which authorizes this application, if shelter is to participate in the CACFP as a church affiliated entity.
4. Sections 8 through 14 are self-explanatory.
5. For Section 15, provide the number of potential eligible children in your service area by the ethnic/racial categories identified. Sources for this information may include census data or public school enrollment data.
6. For Section 16, please complete the attached budget. To complete the budget, perform the following:
 - a. Enter the estimated meal payments to be received for the program year;
 - b. Enter the estimated expenditures for the program year;
 - c. Complete the personnel salary schedule by entering the requested data for each position to be charged to the CACFP; and
 - d. Complete the travel budget if any in-state travel is to be charged to the CACFP.

Please note that if your shelter will charge salaries or wages to the CACFP, you must have a Written Compensation Policy, and must use Time and Attendance and Time Distribution Reports to establish and support the salaries or wages to be charged as CACFP labor costs.

7. To complete Section 17, identify the names of the local news media who have been sent a news release from shelter concerning the CACFP. In addition, provide the dates on which these news releases have or will be made. A sample public release is attached. Each shelter is required under federal regulations to announce its participation in the CACFP.
8. For Section 18, enter information for your shelter's governing Board of Directors.
9. Please indicate in Section 19 if the total federal funds received by the agency through the State of Tennessee and expended during the agency's prior fiscal year, **and** the total federal funds received by the agency directly from the federal government and expended during the agency's prior fiscal year exceeded \$500,000. Do not include any vendor child care payments received under the Tennessee Child Care Certificate Program in this determination.

If the total federal funds exceeded \$500,000, the agency is required to have an audit to participate in the CACFP.
10. To complete Section 20, please attach a copy of minutes of the Board meeting in which this CACFP application was approved.
11. To complete Section 21, enter the name, title and signature of each employee to sign claims for meal reimbursements.
12. Section 22 is self-explanatory.
13. In Section 23, answer each question for your shelter's Civil Rights' compliance. If the shelter has previously received a Civil Rights' complaint, please attach additional information on the action that has been taken to address the complaint and on the current status of the complaint.
14. Carefully read the "Certification Statement". If there is any portion of the statement which is not fully understood, contact DHS staff at (615) 313-4749.
15. As part of the "Certification Statement" enter the names of the publicly funded programs that your shelter has participated in during the last seven years.
16. Secure the date and signature of your shelter's board chairperson or authorized representative, if applicable.
17. Retain one (1) copy for your shelter's files and return the other completed copy to the Department.

Public Release

With the exception of Domestic Violence Shelters, all emergency shelters must announce their participation in the CACFP. You will find attached a form which is to be used for this purpose. Please note that your shelter is **not** required to have the public release published in newspapers as a legal notice. To complete the public release, complete the following:

1. Fill in the name of the shelter and list the names of the facilities which will be participating in the program; and
2. Provide copies of the public release to the news media, and minority or grassroots organizations in your service area.

Required Menus for New Shelter

If the shelter is entering the CACFP for the first time, a two week sample menu must be submitted to DHS for review and approval. Sample menu forms are attached for your use or you may submit your own menus for DHS approval. If the shelter is now participating in the program and will be submitting renewal application, you do not have to submit menus for DHS approval.

Mailing Address for Application

Please return one (1) original of your application package to the following address:

Tennessee Department of Human Services
CACFP Unit
Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37248-9500

Pre-Operational Visit by DHS Personnel

If your shelter will participate in the CACFP for the first time or after an absence of six months or more, a DHS representative to arrange for a pre-operational visit. This visit may be conducted at your shelter or at an off-site location. The visit will occur prior to the submission of a claim for reimbursement, and will provide training and technical assistance for meal requirements and record-keeping responsibilities.